P20000090435

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

14200117665

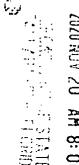
CTOV 2 3 2020

T. SCOTT



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TILED 120 NOV 20 AM 8: 0



November 6, 2020

ENRIQUE CORREA 2136 MICHIGAN AVE KISSIMMEE, FL 34744

SUBJECT: INDEX SELECT INC Ref. Number: W20000117065

We have received your document for INDEX SELECT INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L20000118084-INDEX SELECT LLC

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 120A00022274

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

COVER LETTER

TO: Charter Section Division of Co		*			
SUBJECT: INDEX SE	LECT, INC				
300,000	Name of	Resulting Flor	rida Profit	Corporation	
	te of Conversion, Article: Profit Corporation" in ac			ces are submitted to convert 15, F.S.	an "Other Business
Please return all corres	pondence concerning this	s matter to:			
ENRIQUE R CORREA					
	Contact Person				
PARAMOUNT ENTERPRISES MULTI SERVICES					2029 1107 -5
Firm/Company					<u> </u>
2136 MICHIGAN AVE					ن ب ج
	Address				्रा प्र
KISSIMMEE, FL 34744					PH 5: 14
	City, State and Zip Cod	2			
INFO@CENTERCITY"	FAXPLUS.COM				
_	to be used for future ann	aal report noti	fication)		
For further information	n concerning this matter,	please call:			
ENRIQUE CORREA		at (20170	003	
Name of C	ontact Person	- \	a Code and	l Daytime Telephone Numb	oer
Enclosed is a check fo	r the following amount:				
☐ \$105.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	☐\$113.75 F and Certified		☐S122.50 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301		New F Division P. O. I	ING ADDRESS: Filings Section on of Corporations Box 6327 assee, FL 32314		

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: INDEX SELECT LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of HEINOIS Flovida (Enter state, or if a non-U.S. entity, the name of the country) on Enter date "Other Business Entity" was first organized, formed or incorporated
on 86/21/2016 64/30/20
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: FLORIDA
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : INDEX SELECT, INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida.
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

2020 NOV 20 AH 8: 06

Signed thisday of	20 <mark></mark> .	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: ENRIQUE CORREA Printed Name: TYLER LAMONT Title: CHAIRM	er, or, if Directors or Officers have not been selected, an	
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]	
Signature: The notes		
Printed Name: TYLER LAMONT	Tide: Director	
Signature:		
Signature: DANIELLE DORMAND Printed Name:	_Tide: Director	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>Partnership:</u>	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	·		
ARTICLE	II PRINCIPAL OFFICE		
The principa	d place of business/mailing address is:		
660 LEHIGH D	Principal street address ORIVE	Mailing address, if differer SAME AS PRINCIPAL	nt is:
DELTONA,	FL 32738		
	III PURPOSE e for which the corporation is organized is:	<u> </u>	
TO PROPER	RLLY STRUCTURE ENTITY TO ALLOW FU	TURE SHARE HOLDER'S ALSO TO ULTILIZE	
SOLO 401 K	SCORP RETIREMENT OPTIONS.		
			
			
	"		
			
	IV SHARES of shares of stock is:		
The number	of shares of stock is:		
The number	of shares of stock is: V INITIAL OFFICERS AND/OR D. TYLER LAMONT/ P A - T - T - T - T - T - T - T - T - T		
The number ARTICLE	of shares of stock is: V INITIAL OFFICERS AND/OR D. TYLER LAMONT/ P A - T - T - T - T - T - T - T - T - T	RECTORS	
The number ARTICLE Name and T	of shares of stock is: V INITUAL OFFICERS AND/OR D. Title: TYLER LAMONT/ Director	IRECTORS Name and Title:	
The number ARTICLE Name and T	of shares of stock is: V INITIAL OFFICERS AND/OR DE TYLER LAMONT/ Director 3712 PERSHING AVENUE SAN DIEGO CA 92104 DANIELLE DORMAND/Director	Name and Title: Address:	
The number ARTICLE Name and T Address:	of shares of stock is: V INITIAL OFFICERS AND/OR DE TYLER LAMONT/ Director 3712 PERSHING AVENUE SAN DIEGO CA 92104 DANIELLE DORMAND/Director	Name and Title:Address:	2020 N
The number ARTICLE Name and T Address: Name and T	of shares of stock is: V INITIAL OFFICERS AND/OR DE Title: 3712 PERSHING AVENUE SAN DIEGO CA 92104 Title: DANIELLE DORMAND/Director 660 LEHIGH DRIVE	Name and Title: Address: Name and Title:	2020 NOV 20
The number ARTICLE Name and T Address: Name and T Address:	of shares of stock is: V INITIAL OFFICERS AND/OR DE Title: 3712 PERSHING AVENUE SAN DIEGO CA 92104 Title: DANIELLE DORMAND/Director 660 LEHIGH DRIVE	Name and Title: Address: Name and Title: Address: Address:	2020 NOV 20

	E VI REGISTERED AGENT	robby of the gradetard grant in
	and Florida street address (P.O. Box NOT acception ENRIQUE CORREA	table) of the registered agent is:
Name:	2136 MICHIGAN AVE	
Address:	KISSIMMEE, FL 34744	
ARTICL	E VII INCORPORATOR and address of the Incorporator is:	
The <u>name</u> Name:	ENRIQUE CORREA	
Address:	2136 MICHIGAN AVE	
	KISSIMMEE, FL 34744	
		process for the above stated corporation at the place designated in
inis ceruji /	icate, I am jamiliar with ana accept the appointmen	nt as registered agent and agree to act in this capacity
	~~ E	09/16/2020
	Required Signature/Registered Agent	Date
	this document and affirm that the facts stated here to the Department of State constitutes a third degr	in are true. I am aware that any false information submitted in a ee felony as provided for in s.817.155, F.S.
C	m E	09/16/2020
	Required Signature/Incorporator	Date